



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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May 3, 1985

Harold E. Varmus, M.D.
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Department of Microbiology and Immunology
School of Medicine
University of California, San Francisco
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Dear Harold:

Thank you for your letter of April 26 concerning the species name for the retrovirus isolates associated with the acquired immunodeficiency syndrome (AIDS). I am well aware of all the difficulties and the emotional issues that are interjected into this vis-a-vis who will get more credit related to the name that is chosen. I will try to disassociate myself from any of that and give you as an objective a viewpoint as I possibly can concerning the nomenclature. I am sure that there is going to be no name that does not have disadvantages. However, I believe that there are some names which should be avoided.

In the first place, despite the fact that Luc Montagnier has indeed made the initial discovery that this retrovirus is related to AIDS-related complexes (ARC) since he isolated it from a patient with the lymphadenopathy syndrome, I do believe that it would be inappropriate to call this the lymphadenopathy-associated virus (LAV). The reasons for this, I believe, should be obvious. First, the virus causes more than lymphadenopathy. In addition, the lymphadenopathy in fact is not directly due to infection of lymph node cells by the virus. As I am sure you are aware, there are very few cells containing the retrovirus which are found in lymph nodes of patients with LAV. Therefore, to call it LAV alone I think would be inappropriate.

The next problem relates to whether it should be called the AIDS retrovirus. I, myself, probably call it the AIDS retrovirus more than I call it anything else, primarily because I deal exclusively with AIDS patients who have this retrovirus. However, taking into account the fact that there will be literally hundreds of thousands of individuals who are infected with this virus, many of whom may not contract AIDS, I believe that it would be inappropriate and very anxiety-producing to name this virus the AIDS retrovirus since this would surely cause problems in

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patient-physician relationships. Therefore, although I feel that for AIDS patients calling it the AIDS retrovirus would be appropriate, for general nomenclature I believe that it would not be appropriate. For this reason I would reject that proposition. Finally, we get to whether or not we can call it HTLV-III. Although there are accumulating data, of which you are as aware or more aware than I am, that there are significant dissimilarities between this virus and HTLV-I and -II, I still believe there is enough reason to maintain this virus within the HTLV nomenclature that this should be continued. The reasons for this are that it surely is a human virus (H), it is a T-lymphotrophic virus (TL), and it is a virus (V). Therefore, I would think that HTLV itself is a reasonable abbreviation for the virus. For that reason I would suggest naming it either HTLV-III alone or HTLV-III/LAV. However, for the reasons given above concerning the disadvantage of using the terminology LAV, I would elect to call it HTLV-III.

I hope that my comments have been helpful to you, and I hope that your group gets this resolved satisfactorily. Thank you for giving me the opportunity to express my views. Best personal regards.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tony", written in dark ink.

Anthony S. Fauci, M.D.
Director
National Institute of Allergy and
Infectious Diseases

ASF:lr